

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2104</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Nicholas</u> <u>Marrone</u> P.O. Box, Bldg., Room No., if any Street <u>2113 Spruce Way</u> City <u>Antioch</u> State <u>California</u> ZIP Code + 4 <u>94509</u>	4. Name, file number, and address of labor organization. Name <u>Seafarers International Union, AGLIWD</u> Labor Organization File Number <u>052-789</u> P.O. Box, Building and Room Number, if any Street <u>5201 Auth Way</u> City <u>Camp Springs</u> State <u>Maryland</u> ZIP Code + 4 <u>20746</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Nicholas F. Marrone</u>	On <u>3/6/06</u> <u>415-543-5855</u> Date Telephone Number

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**


<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>Seafarers Joint Employment Fund</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street <u>5201 Auth Way</u></p> <p>City <u>Camp Springs</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>20746</u></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><u>Affiliated employee benefit plan.</u></p>
<p><b>11.b. Approximate dollar value of such dealing.</b></p> <p><input type="text"/></p>	<p><b>12.a. Nature of interest held or income received.</b></p> <p><u>Minor child employed in 2005.</u></p>
<p><b>12.b. Amount.</b></p> <p><input type="text"/></p>	<p><b>12.b. Amount.</b></p> <p><u>\$1,835</u></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <p><input type="text"/></p>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p><input type="text"/></p>

MEMO

To: Nick Marrone

From: Leslie Tarantola 

Date: February 28, 2006

Re: LM 30

Enclosed is an LM 30 form which needs to be reviewed by you and, if complete, signed on the bottom of the first page. Next to your signature you must fill in the date and your telephone number. The information on the form relates solely to wages received by a spouse or minor child from an entity related to the Union during the 2005 calendar year. If there is anything else that you think should be included on this form (like benefits received by yourself or your family from another employer or vendor) you will need to add that information in yourself before filing the form. Once the form is complete and signed it needs to be sent out to the following address. It must be sent by March 31, 2006.

US Department of Labor  
Employment Standards Administration  
Office of Labor Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington DC 20210

If you have any questions, give me a call.